

FILED APR 18 1953

STANDARD CERTIFICATE OF DEATH

State File No. 15446

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3628

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) LADUE 4431	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 8940 LADUE ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONYS HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) VIRGINIA b. (Middle) ANDREWS c. (Last) BARDENHEIMER.		4. DATE OF DEATH (Month) (Day) (Year) April 5, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH July 15, 1889.
9. AGE (In years last birthday) 63.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home....	11. BIRTHPLACE (City and State or Foreign Country) Carlinville, Illinois.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Edward Andrews.	13b. MOTHER'S MAIDEN NAME Alberta Taggart.	14. NAME OF HUSBAND OR WIFE Frederick G. A. Bardenheier.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Alberta Andrews, 8940 Ladue Road.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Arteriosclerotic heart disease</i> INTERVAL BETWEEN ONSET AND DEATH 6 yrs. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION No operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200	
22. I hereby certify that I attended the deceased from 4-8, 1947, to 4-5, 1953, that I last saw the deceased alive on 4-5, 1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE R.V. Poirer, M.D.		23b. ADDRESS 3720 Washington, St. Louis 8 Mo.	23c. DATE SIGNED 4-6-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE 4/7/53.	24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
DATE REC'D BY LOCAL REG. APR 6 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blvd.,	

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Clarence A. Murray

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.